

**DEC 11 2007**
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**FROM:** Christopher B. Eide

**DATE:** December 11, 2007

Number of pages with cover page:	37	
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 Preparer of this slip has confirmed that facsimile number given is correct: 6823/myl1
**Comments:**

Attorney Docket No.: 495812004700  
 Group Art Unit: 2872  
 Examiner: A. Chang  
 Serial No.: 10/658,055  
 Filing Date: September 8, 2003  
 Inventors: Kevin R. CURTIS et al.  
 Title: METHODS FOR IMPLEMENTING PAGE BASED  
 HOLOGRAPHIC ROM RECORDING AND READING

**Document attached:**

- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages))
- Amendment (15 pages)
- Supplemental Information Disclosure Statement (3 pages)
- Form PTO/SB/08a/b (original + copy (2 pages))
- 1 Reference (13 pages)

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PA-1214120

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PTO/SB/21 (11-07)

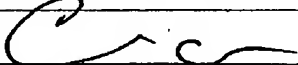
Approved for use through 11/30/2007. OMB 0651-0031

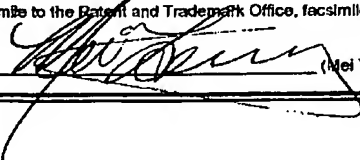
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/658,055
		Filing Date	September 8, 2003
		First Named Inventor	Kevin R. CURTIS
		Art Unit	2872
		Examiner Name	A. Chang
Total Number of Pages in This Submission	23 pages + 1 reference	Attorney Docket Number	495812004700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages)) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (15 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>• Form PTO/SB/08a/b (original + copy (2 pages))</li> <li>• 1 Reference</li> </ul>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)		
Signature			
Printed name	Christopher B. Eide		
Date	December 11, 2007	Reg. No.	48,375

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
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pa-1213863

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PTO/SB/17 (10-07)

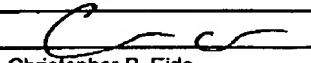
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 10/658,055 Filing Date September 8, 2003 First Named Inventor Kevin R. CURTIS Examiner Name A. Chang Art Unit 2872 Attorney Docket No. 495812004700	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	310	155	510	255	210	105	0.00														
Design	210	105	100	50	130	65	0.00														
Plant	210	105	310	155	160	80	0.00														
Reissue	310	155	510	255	620	310	0.00														
Provisional	210	105	0	0	0	0	0.00														
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity Fee (\$)</b>														
<b>Fee Description</b>							<b>Fee (\$)</b>														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							210														
Multiple dependent claims							370														
<table border="0"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>40</td> <td>- 120 = 0</td> <td>x 50.00 =</td> <td>0.00</td> <td>370.00</td> <td></td> <td>0.00</td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	40	- 120 = 0	x 50.00 =	0.00	370.00		0.00	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>															
40	- 120 = 0	x 50.00 =	0.00	370.00		0.00															
HP = highest number of total claims paid for, if greater than 20.																					
<table border="0"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>3</td> <td>- 10 = 0</td> <td>x 210.00 =</td> <td>0.00</td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	3	- 10 = 0	x 210.00 =	0.00							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																		
3	- 10 = 0	x 210.00 =	0.00																		
HP = highest number of independent claims paid for, if greater than 3.																					
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/ 50 = _____ (round up to a whole number) x</td> <td>260.00</td> <td>= 0.00</td> </tr> </table>								<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	260.00	= 0.00				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																	
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	260.00	= 0.00																	
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00																					

<b>SUBMITTED BY:</b>			
Signature		Registration No. (Attorney/Agent)	48,375
Name (Print/Type)	Christopher B. Eide	Telephone	(650) 813-5720
		Date	December 11, 2007

pa-1213860

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PTO/SB/17 (10-07)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).

**FEE TRANSMITTAL**  
**For FY 2008**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 180.00

**Complete if Known.**

Application Number	10/658,055
Filing Date	September 8, 2003
First Named Inventor	Kevin R. CURTIS
Examiner Name	A. Chang
Art Unit	2872
Attorney Docket No.	495812004700

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0.00
Provisional	210	105	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues) **Fee (\$)** 50 **Small Entity Fee (\$)** 25

Each independent claim over 3 (including Reissues) **Fee (\$)** 210 **Small Entity Fee (\$)** 105

Multiple dependent claims **Fee (\$)** 370 **Small Entity Fee (\$)** 185

**DUPLICATE COPY FOR FEE PROCESSING**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
40	120	0	50.00	0.00	370.00	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	10	0	210.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	260.00	0.00

(round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Christopher B. Eide	Date	December 11, 2007		

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